STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964794	R **02/05/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2575 HARRISON AVENUE** **PANAMA CITY, FL 32405**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On 2/5/2018, a desk review revisit survey was completed for the licensure survey dated 12/5/2017 at Brookdale Panama City (license #9293), an assisted living facility. Based on submitted evidence of correction and supporting documentation, defiencies were found corrected.